•./`	PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09/920,10 4 45/0/70-0340/												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN C		OR	OTHER T	
TOT	AL CLAIMS		26					RAT	E	FEE	[	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	ᄪ	355.00	OR	ASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			04 minus 20-		. 6		.	X\$ S	<b>b</b>		OA	X\$18=	108
INDE	PENDENT CL	VIMS	/4 minus 3 =		' //			X40=			OR	X80=	808
MUL	TIPLE DEPEN	ENT CLAIM P	RESENT					+135=			OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOT	AL.		OR	TOTAL	1648
CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY													
۲		(Column 1) CLAIMS REMAINING AFTER		HIG NUI PREV	HEST MBER 10USLY 0 FOR	PRESENT EXTRA	֓֟֟֓֟֝֟֓֟֓֟֓֓֟֟ <u>֟</u>	RĄT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· ) ~	Minus	- O	1/2	- /·	1	XS	9=		OR	X\$18=	Q DD
FEN.	Independent	. 15	Minus			•	1	X40	٠.		OR	X80=	<b>3000</b>
2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	5=		OR	+270=	
								ADDIT	加		ОЯ	YOTAL ADDIT, FEE	
/	(Column 1) (Column 2) (Column 3)										_		
		CLAIMS REMAINING AFTER AMENDMENT		· NU PRE\	HEST MBER WOUSLY ID FOR	PRESENT EXTRA		RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus					XS	9=		OR	X\$18=	0
MENDARENT B	Independent			Minus ***		<b>-</b> 0	1	X4	0=		OR	X80=	0
┖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	+270=	0
								ADDI	ÖTAL , FEE		OR	ADDIT. FE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER		PRE	CHEST UMBER EVIOUSLY UD FOR	PRESENT EXTRA		R/	\TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	AMENDMEN	Minus			•		X	9=		OF	X\$18=	
	Independent	·	Minus			-	]	×	40=	1	T <sub>OF</sub>	X80-	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+1	35=	1	OF	+270=	
	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."										]01	ADDIT. FE	E L
	n me regner n I the Trighest I The Trighest M	umber Previously umber Previously	y Paid For IN TI Paid For" (Total	48 SPA or Indep	CE is less t endent) is	hen 3, enter " the highest rus	nbe	tound is			box in		

Application or Docket Number